



3650.000140

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SAEED ANOOSHFAR) Examiner: A. Baugh #11
Application No.: 09/498,396) Group Art Unit: 2158 T.D.
Filed: February 4, 2000)
For: COMPUTER NETWORK) December 11, 2002
SCANNING)
Commissioner for Patents)
Washington, D.C. 20231)

Amndt A
#11
T.D.
12/18/02

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DEC 18 2002

AMENDMENT

Technology Center 2100

Sir:

In response to the Office Action dated September 11, 2002, please amend the above-identified application, as follows:

IN THE SPECIFICATION:

A substitute specification, attending to the Examiner's objections raised in the Office Action, is attached. In accordance with 37 C.F.R. § 1.125(b), the substitute specification is accompanied with a marked-up copy showing the changes made thereto.

No new matter has been added.

12/18/2002 AWONDAF1 00000043 09498396

01 FC:1201
02 FC:1202

84.00 OP
18.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231 on Dec 11, 2002
(Date of Deposit)

Michael K. O'Neill

Name of Attorney for Applicant

Signature

Date of Signature



82188

In re Application of:

SAEED ANOOSHFAR

Application No.: 09/498,396

Filed: February 4, 2000

For: COMPUTER NETWORK SCANNING

Docket No. 03650.000140

Examiner: A. Baugh

Group Art Unit: 2158

Date: December 11, 2002

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

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Technology Center 2100

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 25	MINUS	** 24	= 1	x \$9 \$18	18.00
INDEP. CLAIMS	* 7	MINUS	*** 6	= 1	x \$42 \$84	84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						102.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$102.00 is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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